

**Name of Program** SAMPLE  
**Program Address** *(Optional Form: Best Practice)*  
**Phone:**   **Fax:**

**ORIENTATION FORM**  
**Signature Page**

Client Name \_\_\_\_\_ Cause Number \_\_\_\_\_

Eligibility  
Goals of Program Services  
Hours of Operation  
Fee Schedule  
Financial Arrangements  
Program Rules of Conduct  
Program Grievance Procedure  
Client Rights  
Confidentiality Statement

*(Make sure all items that are covered in the orientation materials are listed on this form)*

My signature attests to the fact that I have been given a copy of the orientation materials for the Lincoln Superior Court Alcohol and Drug Program. I have read and understand them. If I have further questions regarding any of the information listed in the orientation materials, I will ask a staff member.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date